

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

"Equipment for the Detection of Surgical Products"

the application of which

☐ is attached hereto

OR

☒ was filed on

as United States Application Number or PCT International Application Number PCT/ES2003/000293

(Confirmation No. _____), and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified application, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part application(s), material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application(s) which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application(s) having a filing date before that of the application on which priority is claimed.

Prior Application Number(s)	Country	Filing Date	Priority Claimed	
			Yes	No
ES P 200201568	SPAIN	July 4, 2002	<input checked="" type="checkbox"/>	<input type="checkbox"/>

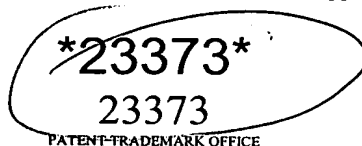
I hereby claim benefit under 35 United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date

I hereby claim benefit under 35 United States Code §120 of any United States application(s) or §365(c) of any PCT International application(s) designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in a listed prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge my duty to disclose any information material to the patentability of this application as defined in 37 C.F.R. 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Prior U.S. or International Application Number(s)	U.S. or International Filing Date	Status

I hereby appoint all attorneys of **SUGHRUE MION, PLLC** who are listed under the USPTO Customer Number shown below as my attorneys to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith, recognizing that the specific attorneys listed under that Customer Number may be changed from time to time at the sole discretion of Sughrue Mion, PLLC, and request that all correspondence about the application be addressed to the address filed under the same USPTO Customer Number.



I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Applicant or Patentee: _____ Attorney's Docket
Application No. _____ No.
Filed or Issued: _____
For: _____

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f)
and 1.27 (c)) – SMALL BUSINESS CONCERN**

I hereby declare that I am

- ☐ the owner of the small business concern identified below:
☒ an official of the small business concern empowered to act on behalf of the concern
identified below:

NAME OF CONCERN _____

ADDRESS OF CONCERN _____

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CRF 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under Section 41 (a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled: _____ by inventor _____.

Described in

- ☐ the specification filed herewith
☒ application no. _____ filed _____
☐ patent no. _____ issued _____

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

*NOTE: Separate verified statement are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

FULL NAME _____
ADDRESS _____

☐ INDIVIDUAL

☒ SMALL BUSINESS
CONCERN

☐ NONPROFIT
ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

NAME OF SOLE OR FIRST INVENTOR:			
Given Name (first and middle [if any]) <u>Gloria</u>		Family Name or Surname <u>HERMIDA BORREGO</u>	
Inventor's Signature <u>[Signature]</u>		Date <u>January 10, 2005</u>	
Residence: City <u>Alicante</u>	State	Country <u>Spain</u> <u>ESX</u>	Citizenship <u>Spanish</u>
Mailing Address: <u>30, calle Italia</u>			
City <u>Alicante</u>	State	Zip <u>03003</u>	Country <u>Spain</u>
NAME OF SECOND INVENTOR:			
Given Name (first and middle [if any]) <u>Eduardo</u>		Family Name or Surname <u>DE LA PEÑA GASCON</u>	
Inventor's Signature <u>[Signature]</u> x		Date <u>January 10, 2005</u>	
Residence: City <u>Alicante</u>	State	Country <u>Spain</u> <u>ESX</u>	Citizenship <u>Spanish</u>
Mailing Address: <u>30, calle Italia</u>			
City <u>Alicante</u>	State	Zip <u>03003</u>	Country <u>Spain</u>
NAME OF THIRD INVENTOR:			
Given Name (first and middle [if any]) <u>Jose Antonio</u>		Family Name or Surname <u>LLAMAS LEON</u>	
Inventor's Signature <u>[Signature]</u> x		Date <u>January 10, 2005</u>	
Residence: City <u>Alicante</u>	State	Country <u>Spain</u> <u>ESX</u>	Citizenship <u>Spanish</u>
Mailing Address: <u>30, calle Italia</u>			
City <u>Alicante</u>	State	Zip <u>03003</u>	Country <u>Spain</u>
NAME OF FOURTH INVENTOR:			
Given Name (first and middle [if any]) <u>Marco</u>		Family Name or Surname <u>REILLO FORKRANS</u>	
Inventor's Signature <u>[Signature]</u> x		Date <u>January 10, 2005</u>	
Residence: City <u>Alicante</u>	State	Country <u>Spain</u> <u>ESX</u>	Citizenship <u>Spanish</u>
Mailing Address: <u>30, calle Italia</u>			
City <u>Alicante</u>	State	Zip <u>03003</u>	Country <u>Spain</u>
NAME OF FIFTH INVENTOR:			
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address:			
City	State	Zip	Country

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON

SIGNING

Gloria HERMIDA BORREGO

TITLE IN ORGANIZATION

Legal representative

ADDRESS OF PERSON

30, calle Italia, 03003 ALICANTE, Spain

SIGNING

Signature



Date January 10, 2005